REQUEST FOR PATENT FEE REFUND	
1 Date of Request: (0)7/05 2 Serial/Patent # 10/5/7584	
3 Please refund the following fee(s)	: 4 PAPER 5 DATE 1 6 AMOUNT
Filing	\$
Amendment	\$
Extension of Time	· \$
Notice of Appeal/Appeal	\$
Petition	\$
Issue	\$
Cert of Correction/Terminal D	.sc. \$
Maintenance	\$
Assignment	\$
other buch fee adjustment	\$ 100
	7 TOTAL AMOUNT S 100
	8 TO BE REFUNDED BY:
10 REASON:	Treasury Check
Overpayment	Credit Deposit A/C #:
Duplicate Payment	, 141270
No Fee Due (Explanation):	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: Kaya Lewis (Baltimae) TITLE: Specifist	
SIGNATURE: PHONE: (28)308-9140	
OFFICE: DO ED EX 207 ************************************	
APPROVED:	DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B